

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

1010-31180  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
53						
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99						
100						
TOTAL IND.	2					
TOTAL DEP.	53					
TOTAL CLAIMS	55					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS